

Office of Statewide Health Planning and Development

EMERGENCY DEPARTMENT & AMBULATORY SURGERY SURVEY

Respond to OSHPD by 2-8-2001

Instructions for: ANSWERING THE QUESTIONS

To answer a question, mark an X between the brackets, like this: [X]. For the fill-in-the blanks, please write legibly. Please make no other changes to this survey

1. Which of the following best describes your facility?

Choose all that apply:

- ☐ a) Hospital with ER and Ambulatory Surgery Center (ASC)
- ☐ b) Hospital with ER and no Ambulatory Surgery Center
- ☐ c) Hospital with ASC and no Emergency Department
- ☐ d) Freestanding Licensed Surgery Clinic
- ☐ e) Other, please specify... _____

2. What is the job title of the person who will be submitting the data to OSHPD?

Choose all that apply:

- ☐ a) Administrator, Manager, Clinical Director, Director
- ☐ b) Health Information Management Director, Medical Records Staff
- ☐ c) Director of Nursing, or Nurse
- ☐ d) Information Systems Staff
- ☐ e) Office Manager / Business Office Personnel
- ☐ f) Other, please specify... _____

3. What Internet browser do you use?

Choose all that apply:

- ☐ a) Microsoft Explorer Version 3 or lower
- ☐ b) Microsoft Explorer Version 4 or higher
- ☐ c) Netscape Version 3 or lower
- ☐ d) Netscape Version 4 or higher
- ☐ e) Our facility does not have internet access
- ☐ f) Other, please specify... _____

4. Where is your computer system housed?

Choose all that apply:

- ☐ a) Mainframe
- ☐ b) Personal Computer
- ☐ c) 3rd Party Processing, please specify... _____
- ☐ d) Other, please specify... _____

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5. What are the names of the computer programs that your facility uses ?

Choose all that apply:

- ☐ a) Please specify... _____
- ☐ b) Please specify... _____
- ☐ c) Please specify... _____

6. If housed on a personal computer (PC), what is the operating system?

Choose all that apply:

- ☐ a) Windows 3.X
- ☐ b) Windows 95
- ☐ c) Windows 98
- ☐ d) Windows ME or 2000
- ☐ e) MacIntosh (MAC)
- ☐ f) Other, please specify... _____

7. Do you have an Information Technology Support section within your facility?

Choose one:

- ☐ a) Yes, If yes, answer b
- ☐ b) Contact Name and Phone number _____
- ☐ c) No

8. Do you contract with an outside vendor or specialist for Information Technology support?

Choose one:

- ☐ a) No
- ☐ b) Yes, please specify... _____

9. Have you read the Health and Safety Code Section 128736 and Section 128737 of the law regarding reporting ER and Ambulatory Surgery Data to OSHPD effective in year 2002?

Choose all that apply:

- ☐ a) Yes
- ☐ b) No
- ☐ c) I do not have a copy

10. What coding classifications do you use for coding "procedures" performed in your hospital Emergency Department?

Choose all that apply:

- ☐ a) ICD-9-CM (International Classification of Diseases, 9th Revision Clinical Modification)
- ☐ b) CPT (Current Procedural Terminology)
- ☐ c) ICD-9-CM and CPT
- ☐ d) Level II HCPCS (Health Care Finance Administration Common Procedure System)
- ☐ e) Unknown
- ☐ f) Other, please specify... _____

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11. What coding classifications do you use for coding "procedures" performed in your Ambulatory Surgery Center or Surgery Clinic?

Choose all that apply:

- ☐ a) ICD-9-CM (International Classification of Diseases, 9th Revision Clinical Modification)
- ☐ b) CPT (Current Procedural Terminology)
- ☐ c) Both ICD-9-CM and CPT
- ☐ d) Level II (Health Care Finance Administration Common Procedure System)
- ☐ e) Unknown
- ☐ f) Other, please specify... _____

12. Do you need more information regarding use and reporting of External Cause of Injuries (E-Codes)?

Choose one:

- ☐ a) Yes
- ☐ b) No
- ☐ c) Yes, with suggestions _____

Thank you for participating in this survey.

Instructions for: MAILING SURVEY

Mail to: OSHPD- PDDS
Tella M. Williams, RHIA
Medical Record Consultant
818 "K" Street, Room 100
Sacramento, CA 95814 –3510

Instructions for: FAXING SURVEY

Fax to: Tella M. Williams, RHIA
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